PRINTED: 11/16/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6006118 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC** METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation # 2055159/IL124417 S9999 Final Observations S9999 Statement of Lincensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)5) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

and dated minutes of the meeting.

Section 300.1010 Medical Care Policies

h)The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not

limited to, the presence of incipient or manifest

decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The

Electronically Signed

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE 09/24/20

STATE FORM

LTVV11

If continuation sheet 1 of 15

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6006118 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC** METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d)Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5)A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.3240 Abuse and Neglect a)An owner, licensee, administrator, employee or

Illinois Department of Public Health

agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6006118 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC METROPOLIS, IL 62960** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 2 These requirements were not met evidenced by: Based on interview, and record review, the facility failed to accurately identify, assess, treat, and document wounds, report a decline to the physician, and seek timely medical treatment for 2 (R10 and R11) of 3 residents reviewed for wounds in the sample of 27. Facility failed to accurately identify and assess a wound and seek timely medical treatment. These failures resulted in R11 developing osteomyelitis of her left foot, causing R11 to be hospitalized on 6/23/2020, and R11's subsequent death from staph bacteremia on 6/26/2020. Findings Include: 1) R11's admission record with a print date of 8/24/2020 documents R11 was admitted to the facility on 10/30/19 with diagnoses that include encounter for orthopedic after care following surgical amputation, acquired absence of left great toe, osteomyelitis of left ankle and foot, and type 2 diabetes with foot ulcer. R11's wound weekly evaluation non-pressure assessment dated 1/14/20 documents an area to R11's left great toe as healed. There are no wound weekly evaluation non-pressure assessments documented after 1/14/20. R11's skin check weekly and PRN assessment dated 4/7/20 documents "other" to the top of R11's left and right foot. R11's medical record does not document weekly skin assessments

Illinois Department of Public Health

after 4/7/20. V1 (Administrator) confirmed in

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6006118 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC** METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOUL DIRE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 3 S9999 S9999 email on 8/26/2020 at 6:25 PM the facility did not complete weekly skin assessments on R11 after 4/7/2020. R11's progress notes document on 5/24/2020 a treatment of bacitracin to R11's 2nd toe on the left foot. R11's medical record does not document assessment of the area, physician notification. and/or family notification. R11's order summary report dated 4/1/2020 -8/30/2020 documents an order for bacitracin to R11's 2nd toe on the left foot, and cover with dressing, with a start date of 5/12/2020. R11's treatment administration record dated 5/1/2020-5/31/2020 documents an order for bacitracin to the 2nd left toe with a start date of 5/12/2020 and a discontinue date of 6/4/2020. R11's progress notes document on 6/4/2020 the area to R11's left great toe and left 2nd toe have healed. R11's progress notes document the following: 6/17/2020, " ... Top of left foot red and painful for resident to wear shoes or socks. Will follow up with MD (physician) in am to report changes in left foot." 6/20/2020, "...Resident's top of left foot is red, and skin is open. This nurse applied TAO (triple antibiotic ointment) with bordered gauze. Resident's second toe on left foot is not receiving blood flow. Toe is pale and cold to touch. Blood

Illinois Department of Public Health

blisters noted underneath toe in crease. Resident states "I have a sore toe" when observing. Left foot has been wrapped with Kerlix to protect toe from further harm. Will be contacted (sic) MD."

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ C B. WING IL6006118 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC** METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 R11's telemedicine progress note dated 6/22/2020 documents R11 was seen by V9 (Nurse Practitioner) via telemedicine for a persistent papular rash on her abdomen and back. The telemedicine progress note does not document V9 was notified of the area on R11's left foot and/or an assessment of R11's left foot was completed. On 8/25/2020 at 11:52 AM V9 (Nurse Practitioner) confirmed in interview he had a telemed visit with R11 on 6/22/20 and had assessed her for a rash. V9 stated there was no documentation in his notes that he was made aware of a wound on R11's foot at the time of the visit. R11's order summary report dated 4/1/2020-8/31/2020 does not document an order for treatment to R11's left foot after it was assessed as being red and painful on 6/17/20 and/or after it was assessed as being open and treated with triple antibiotic ointment on 6/20/20. R11's progress notes do not document assessment, treatment, physician notification or family notification of the area on R11's left foot until 6/23/2020 (6 days after being identified) when the following notes are documented: 6/23/2020 at 5:10 AM " ... Residents bandage fell off of her left foot. Top of residents foot has slough with redness. Residents second toe has necrotic tissue on the distal end and purulent drainage near the proximal end"

with areas of necrosis that extends past base of Illinois Department of Public Health

6/23/2020 at 2:14 PM, " ... Notified by staff that resident's left second toe was "black". Second toe

PRINTED: 11/16/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6006118 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC** METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 5 S9999 toe. Some open area on lateral sides. Small amt (amount) bloody drainage noted on bed. Resident's foot is red and edematous. Call placed to V14's (Physician) office. Awaiting return call. Resident asleep while foot examined and remained asleep throughout."

6/23/2020 2:54 PM, " ... This nurse assessed left foot and toe. Necrotic tissue noted to second toe. Redness to top of left foot noted. Wound care nurse notified. MD notified. Resident to be sent to (name of regional hospital) to be evaluated per MD (physician). Ambulance called at 1450. Family notified."

6/23/2020 2:30 PM, " ... Resident left foot and toe assessed by this nurse. Necrotic tissue and purulent drainage noted to 2nd toe. Redness to top of left foot noted. Wound care nurse notified.

MD notified. No new orders at this time"

6/23/2020 9:46 PM, "Resident admitted to (name of regional hospital) for osteomyelitis of foot."

R11's SBAR (situation background assessment recommendation) communication and progress note dated 6/23/2020 documents R11 has a wound to the left foot and toe that started on 6/23/20.

R11's transfer form dated 6/23/2020 documents R11 was being transferred to the hospital for abnormal kidney function. This transfer form does not document any skin assessment, concerns, or issues.

R11's regional hospital record dated 6-23-2020. documents under history and physical, "This is a 90 yr (year) old lady with hx (history) of dementia.

Illinois Department of Public Health

FORM APPROVED

PRINTED: 11/16/2020 Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6006118 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC** METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 dm (diabetes mellitus) type 2, cad (coronary artery disease) who presented to the ed (emergency department) with necrotic appearing left 2nd toe with erythema and warmth of the foot. She is unable to provide hx but nursing staff at the ED reported the nursing home reported this happened overnight." R11's regional hospital record dated 6-23-2020, documents under imaging results, " ...findings suggest osteomyelitis of the distal phalanx of the second toe." R11's regional hospital podiatry note dated 6-24-2020 documents, " ... Patient (R11) is apparently a resident of long term care facility and was sent to the emergency department with necrotic appearing left second toe with erythema and warmth of the foot; nursing home apparently reported that this event happened overnight. Daughter notes that she was told by nursing facility staff that they have been dressing wound for last 2 weeks with antibiotic ointment. R11's regional hospital notes dated 6/23/2020 document under assessment/plan. "Given findings of osteomyelitis, options include amputation of second digit versus partial ray amputation vs. TMA (trans metatarsal amputation). Given patients (R11) age, significant dementia, and comorbid conditions patient would likely benefit from conservative measures at this time including antibiotic therapy and local wound

Illinois Department of Public Health

care. Also discussed palliative care measures with daughter and she was agreeable." Under hospital course R11's regional hospital record discharge summary documents, "The patient is a 90-y. o. (year old) female who presented to (name of regional hospital) with left foot with cellulitis and necrosis. Family have ultimately

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6006118 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC** METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 decided upon comfort/hospice care and decline surgery and further antgbx (antibiotic)---only want comfort care for their family." R11's facility progress notes dated 6/26/2020 document R11 returned to the facility on 6/26/2020 under hospice care. R11's progress notes document R11 passed away on 6/26/2020 at 12:59 PM. R11's death certificate dated 6/26/2020 documents cause of death as staph/bacteremia. On 8/13/2020 at 12:45 PM V17 (family) stated R11 had a history of issues with the left foot but as far as she knew it had healed. V17 stated the family was unable to visit due to Covid restrictions, so she would call the facility for updates. V17 stated the facility did not mention the area on R11's left foot until R11 was sent to the hospital on 6/23/2020. V17 stated the toe looked horrible and the physician said there was no way it could have happened overnight. V17 stated they did not think R11 could withstand a surgery, so they decided to put her on hospice. V17 stated R11 passed away the next day. On 8/21/2020 at 11:00 AM V5 (Licensed Practical Nurse/LPN) stated she remembered the area on R11's left foot. V5 stated she contacted the physician on 6/23/2020 and sent R11 to the hospital. V5 stated that was the first day she was aware of the area to R11's left foot. When asked to explain the process when a new area is found. V5 stated, a skin assessment is done, the physician, wound nurse, and director of nurses is notified. V5 stated any new orders from the physician should be put on the treatment administration record.

Illinois Department of Public Health

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6006118 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC METROPOLIS, IL 62960** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 8 S9999 On 8/20/2020 at 3:34 PM V4 (LPN) stated she had communicated on the log there was something going on with R11's left foot. V4 stated R11 declined quickly. When asked what quickly meant. V4 stated within a couple of weeks. When asked about the dressing that was on her foot and the triple antibiotic ointment that was used. V4 stated if there was an area and no order for it the nursing staff would cover it with a dressing until an order could be obtained. V4 stated she would pass the information on to day shift for them to get a physician's order. V4 stated there were times when there was no follow up and I would fax the doctor because it wasn't getting done. When asked if she remembered the area on R11's left foot, V4 stated R11's foot was red and then black and during that time she declined, stopped eating, and just wasn't doing well. On 8/21/2020 at 1:18 PM V3 (Assistant Director of Nurses) stated R11 always had issues with her left toe. V3 stated the physician always thought it was gout. V3 stated she had worked a midnight shift and made a note about the top of R11's left foot turning red on 6/17/2020. When asked if the physician was notified V3 stated she gave the information to the day nurse. V3 was unable to find documentation in R11's medical record the physician was notified. V3 stated she was not involved in R11's care from 6/17/2020 until she was transferred to the hospital on 6/23/2020. On 8/20/2020 at 2:26 PM V12 (LPN) stated she remembered the area on R11's left foot and would have contacted the physician by phone or fax. V12 stated she doesn't remember anything being changed after that and would only have

Illinois Department of Public Health

charted notifying the physician if he had made changes. V12 stated she believed they were still

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ B. WING_ IL6006118 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE

	2200 MET	ROPOLIS ST	TATE, ZIP CODE	
METROF	OLIS REHAD & NCC	DLIS, IL 6296		
(X4) iD PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	using triple antibiotic ointment on the area. When asked if the triple antibiotic ointment should have been documented on the treatment administration record, V12 stated she believed someone had put it on there. On 8/20/2020 V13 (Registered Nurse/Wound nurse) stated she was first made aware of the area on R11's left foot on 6/23/2020. V13 stated when she was made aware of it, she requested R11 be sent to the emergency room for evaluation because it was obviously something beyond the scope the facility could handle. On 8/21/2020 at 2:55 PM reviewed R11's history with V2 (Director of Nurses). When asked if the areas that were present on R11's left foot at admission had healed prior to 6/17/2020, V2 stated she believed so. When asked if the physician and/or family were notified after R11's left foot became red again on 6/17/2020, V2 was unable to find in R11's medical record the physician and/or family had been notified. V2 was unable to locate in R11's medical record that the physician was notified, and that orders were given for the triple antibiotic ointment used as a treatment to R11's left foot on 6/20/2020. When asked if she would expect the staff to get a physician's order prior to using triple antibiotic ointment V2 stated it would depend on the time of	S9999		
	day the area was found, but she would expect the staff to follow up with the physician and obtain an order. When asked if she would expect the staff to notify the physician and family when they found a new area V2 stated she would. On 8/26/2020 at 12:14 PM V14 (physician) stated he was not notified on 6/17/20 of R11's foot being found red and painful, nor was he notified on			2

Illinois Department of Public Health

PRINTED: 11/16/2020 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6006118 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET METROPOLIS REHAB & HCC METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 10 S9999 ointment was being applied. V14 stated he was not made aware of any issues until 6/23/2020 when R11 was sent to the emergency department for evaluation. When asked if he had been notified on 6/17/2020 when R11's foot was red and painful, if he would have treated it, V14 stated he would have. V14 stated it was possible the outcome could have been different for R11 if he had been notified on 6/17/2020 and treatment started. When asked if the facilities failure to notify him on 6/17/2020 and again on 6/20/2020 for treatment to begin had led to R11's hospitalization and subsequent death V14 stated "That is a fair assessment." V14 confirmed the staph bacteremia listed as the cause of death on R11's death certificate was caused by osteomyelitis of R11's left foot. 2) R10's facility admission record dated 08/24/2020 documents R10 was admitted to the facility on 10/9/19 with diagnoses that include. chronic kidney disease, acute respiratory failure. metabolic encephalopathy, heart failure. Parkinson's, and diabetes. R10's MDS (Minimum Data Set) dated 1/7/2020 documents under section C, R10 has a severe cognitive impairment and requires extensive assistance with activities of daily living. R10's progress notes document on 10/9/19 R10 was admitted to the facility on hospice for end of life support. R10's skin check weekly and PRN (as needed) dated 12/25/2019 documents "blisters opened to

Illinois Department of Public Health

inner thighs.

inner thighs, hospice made aware during the day and applied tx (treatment)." This assessment documents the blisters are on R10's bilateral

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6006118 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC** METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 11 S9999 R10's progress notes document on 12/27/19. "Resident (R10) continues in hospice care ...2 raised fluid filled blisters on left leg inner thigh, bandaged (sic) applied to area, hospice notified R10's medical record included a telephone order signed by V16 (Physician) on 1/8/2020 with an order date of 12/27/20. The order documents. "clean wound with cleaner and apply TAO (triple antibiotic ointment), cover with dry dressing daily and PRN (as needed) ... "This order does not document what wound this treatment is for. R10's treatment administration records dated 12/01/2019-12/31/2019 and 1/1/2020-1/31/2020 do not document a treatment for the blisters on R10's thighs, nor do they document the treatment to apply TAO and cover with a dry dressing. R10's progress notes document on 1/1/2020 " ...padding applied to areas of water blisters on inner thigh," and on 1/2/2020, "water blisters noted to inner thigh," R10's progress notes do not document any further assessment or treatment of the blisters on R10's inner thigh. R10's skin check weekly and PRN dated 1/1/2020 documents water blisters and sores to bilateral inner thighs. R10's skin check weekly and PRN dated. 1/8/2020, 1/15/2020, and 1/22/2020 document water blisters to bilateral thighs. R10's skin check assessments do not document treatment, family notification, and/or physician notification of the blisters to R10's inner thighs.

Illinois Department of Public Health STATE FORM

FORM APPROVED

PRINTED: 11/16/2020 Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING IL6006118 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC** METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 12 S9999 R10's pressure ulcer weekly wound evaluations dated 12/24/2020 through 2/25/2020 do not document blisters to R10's thighs. R10's wound weekly evaluation non-pressure assessments dated 1/14/2020 and 1/21/2020 do not document blisters to R10's thighs. R10's medical record does not document assessment or treatment of the blisters to R10's thighs after 1/22/2020. R10's medical record does not document if and/or when the blisters to R10's thighs healed. On 8/21/2020 at 11:00 AM V5 (Licensed Practical Nurse/LPN) stated she remembered blisters on R10's thighs and speaking with hospice concerning them but she does not remember being given any treatment orders for the blisters. V5 stated it should be documented in R10's progress notes. On 8/20/2020 at 2:26 PM V12 (LPN) stated she remembered blisters on R10's thighs that came and went a little bit but was unable to recall if there was a treatment being done. On 8/20/2020 at 2:02 PM V13 (Registered Nurse/Wound nurse) stated she did not remember the blisters on R10's thighs. V13 stated she was not involved in getting or changing treatment orders for R10. On 8/21/2020 at 2:55 PM V2 (Director of Nurses) stated she was unable to locate in R10's record.

Illinois Department of Public Health

R10's family being made aware of the blisters on R10's thighs. When asked if she would expect to see an order for treatment of the blisters, V2 stated yes, she would expect to see what that treatment was. V2 confirmed she would also

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6006118 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC** METROPOLIS, IL 62960 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 13 S9999 expect to see assessment of the blisters to R10's thighs in R10's medical record. On 8/25/2020 at 5:01 PM V16 (Physician) stated he remembered R10 having wounds but was unable to recall specific details about the blisters on R10's thighs. V16 stated any orders he would have written would be part of R10's facility record. V16 stated R10 was being provided end of life care and any wounds R10 had would not have been preventable. On 8/26/2020 at 2:55 PM after reviewing the order from 12/27/19 and R10's 12/2019 and 1/2020 treatment administration records, V1 (Administrator) stated she was unable to locate documentation R10's treatment order for triple antibiotic ointment was administered. The facility wound assessment policy dated 04/2018 documents, "It is the policy of the facility to assess each wound initially either at the time of admission or at the time the wound is identified. Each wound will be assessed weekly thereafter or with any significant change noted in the wound." Under procedure the wound assessment policy documents, "The designated Wound Care Nurse will assess each wound using the guidelines established below and will document the findings." The guidelines listed include potential etiology, classification of wound, anatomic location, size, drainage, pain, peri wound skin condition, and odor. The facility significant condition change and notification policy (not dated) documents the purpose of the policy is to ensure the resident's family and medical practitioner are notified of resident changes such as "new wounds, bruises

Illinois Department of Public Health

or skin tears ...onset of swelling ...skin

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING IL6006118 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET **METROPOLIS REHAB & HCC METROPOLIS, IL 62960** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 14 S9999 discoloration." Under procedure the policy documents, " ... Calls will be made to the resident's representative until they are reached ...The medical practitioner will be contacted immediately for any emergencies ...Non-emergency notification may be made the next morning if the situation occurs on the late evening or night shift Each attempt will be charged as to the time the call was made, who was spoken to, and what information was given to the medical practitioner ... If after two attempts, there is no response to the calls, the medical director will be contacted." The facility significant condition change and notification policy (not dated) documents under "Documentation ... Charting will be done each shift for residents with change of condition until condition is controlled resolved or the resident is transferred or discharged. Charting will include a complete assessment of the resident's current status as it relates to the change in condition and will include observations of the resident for pain or discomfort." " AA "

Illinois Department of Public Health